

Labor Organization Officer
and Employee Report

U.S. Department of Labor

Office of Labor-Management Standards

LM-068926



This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

OMB No. 1214-0001 12/31/86

1. Name and address of person filing Gary W. Rodrigues 1426 North School Street Honolulu, HI 96817		2. Name and address of labor organization United Public Workers, AFSCME, Local 646, AFL-CIO 1426 North School Street Honolulu, HI 96817	
3. Position in labor organization State Director	4. Date fiscal year ended December 31, 2000	5. File number (if assigned) U-1367	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name of Employer Address of Employer

7. Nature of Interest, Transaction or Income

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of business Address of business

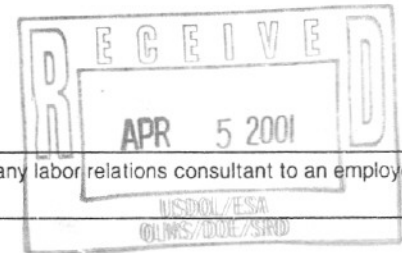
Royal State National Insurance Company, LTD., 819 South Beretania St., Honolulu, HI 96813

9. Business deals with—
☒ A. Labor Organization ☐ B. Trust ☐ C. Employer

10. If 9B or 9C is checked give trust or employer's name

11. Nature and approximate dollar value of such dealings
Director of the corporation that is chartered to underwrite life, disability (accident and sickness), workers compensation, personal liability and employers' liability insurance in the state of Hawaii and Guam. Corporation's major lines of business are life and accident and health insurance. \$4,500.00 per year.

12. Nature of interest held or income received
\$4,500.00 per year.



C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13. Name and address of employer ☐ or consultant ☐

14. Nature of payment

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

15. Signature and verification—The undersigned declares, under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signed: Gary W. Rodrigues at Honolulu Hawaii on 03/08/01
City State Date